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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Attorney Docket No. 8733.565.00 |
| In re Application of JUNG, Yun-Ho | | |
| Application Number 10/025,907 | | Filed December 26, 2001 |
| For: APPARATUS AND METHOD OF CRYSTALLIZING AMORPHOUS SILICON | | |
| Art Unit 1762 | Examiner PADGETT, Marianne L. | |

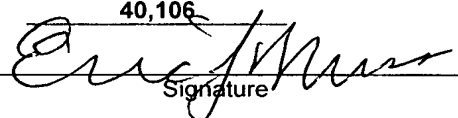
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
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| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 900.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911. *A duplicate copy of this sheet is enclosed.*

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☐ attorney or agent of record. Registration Number _____
☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 40,106

10 April 2007
Date
(202) 496-7500
Telephone Number


Signature
Eric J. Nuss
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

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| <input type="checkbox"/> Total of _____ forms are submitted. |
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02 FC:1253 900.00 OP